

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 226 / 266

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Full Name (Last, First, Middle Initial)

## **A. FRIENDS OF LOIS CAPPS**

Mailing Address PO BOX 23940

City SANTA BARBARA State CA Zip Code 93121

Purpose of Disbursement  
LOIS CAPPS

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 23

Disbursement For: 2004  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.18233

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

## **B. FRIENDS OF MAJOR OWENS**

Mailing Address P O BOX 2265

City BROOKLYN State NY Zip Code 11202

Purpose of Disbursement  
MAJOR OWENS

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 11

Disbursement For: 2004  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.18339

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. FRIENDS OF MAURICE HINCHEY**

Mailing Address 503 CAPITOL COURT NE  
SUITE 100

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
MAURICE HINCHEY

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 22

Disbursement For: 2004  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.18341

Date of Disbursement

/   /

Amount of Each Disbursement this Period

600.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3600.00

**TOTAL** This Period (last page this line number only) .....